

## CERTIFICATE OF DEATH

County Cheboygan  
 Township \_\_\_\_\_  
 Village \_\_\_\_\_

Register No. 13

City Cheboygan (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jane Papin  
 (a) Residence No. 654 Cuyler St St., Ward 5  
 (Usual place of abode) (If non-resident give city or town and state)  
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word) Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Adolph Papin

6 DATE OF BIRTH (Month, day and year) Nov. 20-1844

7 AGE Years Months Days If LESS than 1 day \_\_\_\_ hrs. OR \_\_\_\_ min.  
89 2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Litchfield  
 (State or country) Canada

13. NAME Roderick McCausson

14. BIRTHPLACE (city or town) St Andrews  
 (State or country) Canada

15. MAIDEN NAME Eliza Nesbitt

16. BIRTHPLACE (city or town) St Andrews  
 (State or country) Canada

17. INFORMANT John Papin  
 (Address) Cheboygan

18. BURIAL, CREMATION, OR REMOVAL Place Calvary Cem. Date Feb. 7th, 1934

19. UNDERTAKER Geo. A. Tuttle  
 (Address) Cheboygan Mich

20. FILED Feb. 5th, 1934 F. W. Malenfant  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1934 to Feb. 4th, 1934

I last saw her alive on Feb. 4th, 1934, death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Cerebral Arterio-sclerosis Duration 2 yrs

Other contributory causes of importance:

If operation, date of \_\_\_\_\_

Condition for which performed \_\_\_\_\_

Organ or part affected \_\_\_\_\_

Was there laboratory test? \_\_\_\_\_ Autopsy? \_\_\_\_\_

In case of violence state if accident, homicide or suicide \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (Specify city, county or state)

In industry, home or public place? \_\_\_\_\_

Was disease or injury related to occupation of deceased? \_\_\_\_\_

Signed F. C. Mayo M. D.

Address Cheboygan Mich.

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD